

County: Vernon  
ST. JOSEPH'S NURSING HOME  
400 WATER AVENUE, P. O. BOX 527  
HILLSBORO 54634 Phone: (608) 489-2211  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? Yes  
Number of Beds Set Up and Staffed (12/31/01): 65  
Total Licensed Bed Capacity (12/31/01): 65  
Number of Residents on 12/31/01: 64

Facility ID: 8440

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Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF?  
Title 18 (Medicare) Certified?  
Title 19 (Medicaid) Certified?  
Average Daily Census:

Nonprofit Church/Corporation  
Skilled  
No  
Yes  
Yes  
64

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.3
Supp. Home Care-Personal Care	No					1 - 4 Years		50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.3	More Than 4 Years		18.8
Day Services	No	Mental Illness (Org./Psy)	31.3	65 - 74	7.8			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	34.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	21.9	65 & Over	93.8	-----		
Transportation	No	Cerebrovascular	9.4		-----	RNs		11.5
Referral Service	No	Diabetes	15.6	Sex	%	LPNs		6.3
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	21.9	Male	26.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	73.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	3	100.0	171	38	90.5	98	0	0.0	0	16	84.2	128	0	0.0	0	0	0.0	0	57	89.1
Intermediate	---	---	---	4	9.5	81	0	0.0	0	3	15.8	121	0	0.0	0	0	0.0	0	7	10.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		42	100.0		0	0.0		19	100.0		0	0.0		0	0.0		64	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	7.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	2.0	Bathing	6.3	53.1	40.6	64
Other Nursing Homes	2.0	Dressing	14.1	57.8	28.1	64
Acute Care Hospitals	84.3	Transferring	35.9	39.1	25.0	64
Psych. Hosp. -MR/DD Facilities	2.0	Toilet Use	29.7	35.9	34.4	64
Rehabilitation Hospitals	0.0	Eating	81.3	4.7	14.1	64
Other Locations	2.0	*****				
Total Number of Admissions	51	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	10.9	Receiving Respiratory Care		0.0
Private Home/No Home Health	18.8	Occ/Freq. Incontinent of Bladder	53.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	8.3	Occ/Freq. Incontinent of Bowel	32.8	Receiving Suctioning		0.0
Other Nursing Homes	6.3			Receiving Ostomy Care		0.0
Acute Care Hospitals	2.1	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	39.1	Receiving Mechanically Altered Diets		34.4
Rehabilitation Hospitals	0.0					
Other Locations	6.3	Skin Care		Other Resident Characteristics		
Deaths	58.3	With Pressure Sores	10.9	Have Advance Directives		89.1
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	48			Receiving Psychoactive Drugs		46.9

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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

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	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.5	88.1	1.12	84.6	1.16
Current Residents from In-County	51.6	83.9	0.61	77.0	0.67
Admissions from In-County, Still Residing	21.6	14.8	1.46	20.8	1.04
Admissions/Average Daily Census	79.7	202.6	0.39	128.9	0.62
Discharges/Average Daily Census	75.0	203.2	0.37	130.0	0.58
Discharges To Private Residence/Average Daily Census	20.3	106.2	0.19	52.8	0.38
Residents Receiving Skilled Care	89.1	92.9	0.96	85.3	1.04
Residents Aged 65 and Older	93.8	91.2	1.03	87.5	1.07
Title 19 (Medicaid) Funded Residents	65.6	66.3	0.99	68.7	0.96
Private Pay Funded Residents	29.7	22.9	1.29	22.0	1.35
Developmentally Disabled Residents	0.0	1.6	0.00	7.6	0.00
Mentally Ill Residents	31.3	31.3	1.00	33.8	0.92
General Medical Service Residents	21.9	20.4	1.07	19.4	1.13
Impaired ADL (Mean)*	48.1	49.9	0.96	49.3	0.98
Psychological Problems	46.9	53.6	0.87	51.9	0.90
Nursing Care Required (Mean)*	5.7	7.9	0.71	7.3	0.77